UCSF newsbreak

NEWS FOR THE UCSF CAMPUS COMMUNITY

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NEWSBREAK FILE PHOTO

Haile Debas, dean of the UCSF School of Medicine.

Three officials call for review of UCSF Stanford Health Care

Haile Debas, dean of the School of Medicine and vice chancellor for medical affairs, last week became the third high-ranking university official to publicly call for a review of UCSF Stanford Health Care.

He took time out from his sabbatical at Oxford University to hold an emergency meeting last Thursday to update faculty and staff on recent developments.

"My personal opinion is that the merger is not serving UCSF in the way it was fashioned to do," Debas told more than 300 faculty and staff gathered in Cole Hall.

He said options under review for UCSF Stanford include continuing the merger as it exists, disbanding it or restructuring it so that each hospital could operate independently while maintaining some shared services.

UCSF Stanford expects to end the fiscal year on August 31 with a $60 million operating deficit, mostly due to losses at UCSF/Mount Zion and UCSF Medical Center.

During last week's hour-long meeting, faculty shared their concerns about the two-year-old health care system. Said one, "Many of us in the faculty are feeling very saddened and discouraged. It's almost like we're fighting a losing battle."

In an Aug. 3 letter to Isaac Stein, chair of the UCSF Stanford board, UC President Richard Atkinson and Stanford President Gerhard Casper said they decided to ask their respective staffs to "reassess the structure of the organization in light of the multiple missions of our universities." They said the current structure does not give them flexibility to "deal with the complexities unique to our respective institutions."

The presidents set an October 1 deadline for staff to submit to the parent universities an organizational model "that will allow us to meet our public and private missions while benefiting from those opportunities for consolidation that are appropriate." In particular, the presidents say they still want to pursue joint operations for children's health care and remain convinced of the value of consolidated central services, such as joint purchasing, information technology and financial services. William Gurtner, systemwide vice president for clinical services development at UC, and Mariann Byerwalter, vice president for business affairs and chief financial officer at Stanford, are leading the review team.

Atkinson and Casper also said that given the severity of the financial situation at Mount Zion, they believe that the "University of California must, together with the State Legislature and the community, determine and be responsible for the future of Mount Zion." Debas was asked to provide his recommendation about Mount Zion to the UCSF Stanford board.

Stein said he and the UCSF Stanford board welcomed the Casper-Atkinson letter. "We share the concerns expressed by Presidents Casper and Atkinson, and we will do everything possible to assist in the reassessment," he said.

Calls to rethink the organization of UCSF Stanford have been greeted with support by members of the campus and community.

Some UCSF faculty say they believe the reassessment will give UCSF more on-site autonomy to plan for the future of the UCSF hospitals and to decide how services are delivered across both sites.

"The goal is to try to work out a structure that will enhance and retain those activities that are in the best interests of UCSF and Stanford," said Neal Cohen, UCSF vice chair of anesthesia and chair of the Academic Council of the School of Medicine. "The plan is to define a structure that will continue to support all the academic and clinical programs that are traditionally provided on the north

(SEE UCSF STANFORD ON PAGE 7)

Summer outreach program cultivates student academic potential

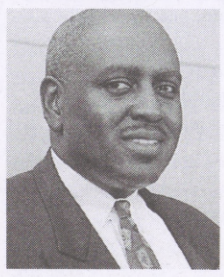
BY ANDY EVANGELISTA

Seventeen-year-old Sandra Reyes will go back to school next week enriched with a summer's worth of valuable knowledge and a new a goal: in five years she wants to attend dental school at UCSF.

The Mission High senior decided that she wants to be a dentist, preferably practicing in the San Francisco Mission District neighborhood where she lives. Her ambition is not too lofty, she insists. Her role models — students and faculty at UCSF — are living and working proof that such a career is attractive and attainable.

"I'm going to work hard this year, get into a good college — hopefully a UC campus — and be back here some day," she says with a new confidence.

Reyes was one of 34 high school juniors and seniors to complete UCSF's inaugural Health Science Enrichment Program, an intensive six weeks in classrooms and clinics. The outreach program targets disadvantaged students in the Bay Area who have the motivation and potential to pursue a career in the health sciences.



Alexander

"Research has demonstrated that health care professionals from underrepresented minority communities are more likely to serve the needs of their community upon graduation from health professions schools," says Charles Alexander, assistant dean in the School of Dentistry and director of the program.

The Health Science Enrichment Program is a partnership with San Francisco high schools and the University of San Francisco, which offered its classrooms for math and sciences sessions in the mornings and housed the youngsters in its dormitories at night. The program is part of an expanded University of California-wide effort to increase its community outreach to prepare students for college.

The six-week program, however, was more than an extended show-and-tell. It tested the mettle of even the brightest youngsters and gave them a true glimpse of the rigors of college life. The students all completed and received credit for two college prep or advanced placement courses — such as chemistry and trigonometry — classes that normally take a whole school year to finish. In the afternoons, they were shuttled to UCSF where they became familiar with the work of dentists, nurses, pharmacists, physicians, physical therapists and laboratory scientists. They also participated in sessions on selecting a

(SEE ENRICHMENT ON PAGE 6)

Adult nurse practitioner program teaches complementary healing

The UCSF School of Nursing has begun training adult nurse practitioners to serve the growing number of patients who use complementary and alternative therapies.

A new $556,000 three-year federal grant from Department of Health and Human Services, Human Resources and Services Administration allows the school to expand its nationally recognized adult nurse practitioner program and place special emphasis on integrating complementary healing in primary care.

Recent studies estimate that 42 percent of the US population use alternative therapies for chronic medical conditions or to prevent illness, and visits to alternative therapy practitioners – such as herbalists and acupuncturists – have increased 50 percent since 1990.

"Over the past two years, we identified many more patients in our training sites with interest and questions in alternative and complementary therapies," says Susan Janson, professor of nursing and medicine and director of the new Integrated Complementary Healing Program for adult nurse practitioners. "It became obvious these needs could be better handled in the context of primary care practice, where care can be integrated and the use of alternative and complementary approaches can be supervised appropriately."

The School of Nursing enrolls some 40 students every year into its adult nurse practitioner programs. "Nurse practitioners must be skilled and knowledgeable about analysis of risk and benefits of complementary approaches, therapeutic communication with patients, and shared decision making. Such knowledge and skill base is necessary if NPs are to be in a position to provide quality primary care to a population turning in increasing numbers to alternative therapies, whether or not proven to be safe and effective."

The new program will also prepare all new adult nurse practitioner students to analyze current trends and evaluate research on alternative therapies. Donna Guyot, assistant clinical professor of community health systems and project co-director, will direct the training of six to 10 students a year in complementary healing methods considered within the scope of nursing practice, such as imagery, energy healing, relaxation therapy, and the use of herbs and other supplements. They also will learn about homeopathy, acupuncture, chiropractic and other disciplines.

This background and training is particularly crucial for health care providers in the diverse and multicultural Bay Area, where the use of alternative therapies is greater than other parts of the country.

The adult nurse practitioner faculty will work closely with the Osher Center for Integrative Medicine (OCIM), under the leadership of Ellen Hughes, interim director of the OCIM, who will participate in the training grant.

ANDY EVANGELISTA

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UCSF appoints controller

Cynthia Fenwick, a certified public accountant, has been appointed to the position of UCSF assistant vice chancellor-finance/controller.

She will report to Steve Barclay, UCSF vice chancellor for administration and finance, who announced the appointment which will be effective Sept. 20.

Fenwick will be responsible for management and oversight of UCSF's financial operations, including accounting, purchasing, and materials management. As campus controller, she also will be responsible for developing and managing policies and procedures to ensure control and oversight of the financial resources of the campus, which includes more than $1 billion dollars in expenditures annually.

"Cynthia was the enthusiastic and unanimous first choice of the selection committee," says Barclay. "Her experience, skills, and style make her a great fit as UCSF's first campus controller."

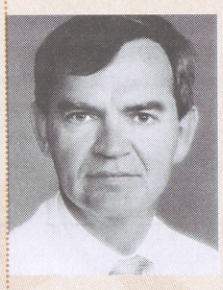
Fenwick is currently the controller at the University of Washington in Seattle, where she has served since 1995. She served as director of general accounting at Johns Hopkins University before moving to Seattle. Fenwick held various financial management positions at the University of Delaware between 1981 to 1988 and at Harford Community college between 1978 to 1981.

Fenwick is a member of the American Institute of Certified Public Accountants and Governmental Accounting Standards Advisory Council of the Governmental Accounting Standards Board. She is also an active member of the National Association of College and University Business Officers.

Fenwick received her master's degree in education from Boston University.

appointments

Carlisle



Waters

Sue Carlisle, professor of anesthesia and medicine: Appointed chief of the department of anesthesia at San Francisco General Hospital Medical Center. She joined the UCSF faculty in 1990 after serving as a staff physician at French Hospital in San Francisco and holding faculty appointments at the University of Pennsylvania and Temple University.

At UCSF, Carlisle has received the Faculty Clinical Excellence Award (1993) and the Stuart B. Cullen MD Award for Clinical Excellence (1990). Her research has included studies on drug interactions in critically ill patients.

Active in numerous professional societies, she currently serves on the Advisory Committee on Anesthesia and Life Support Drugs of the FDA. Carlisle completed her residency training at UCSF, serving as chief resident in anesthesia, and also held a UCSF fellowship in critical care. She earned her MD at the University of Pennsylvania and her PhD at Tulane.

Steven R. Cummings, professor of medicine and epidemiology and biostatistics,: Appointed assistant dean for clinical research, a new position in the School of Medicine Dean's Office. Cummings will help develop clinical research at UCSF. He will assist departments in recruiting clinical investigators and develop systems to help faculty develop effective clinical research programs. Cummings aims to help departments and faculty develop research programs involving patients at UCSF and cultivate opportunities to lead clinical trials. He will also assist Vice Chancellor for Research Zach Hall in developing more efficient processes for successfully competing for, reviewing, and approving clinical trials at UCSF. Darlene Rosenzweig, MBA, will serve as assistant director of the Clinical Research Office.

Cummings received his undergraduate training at Stanford University and his MD from UCSF. After completing an internship, internal medicine residency, and clinical epidemiology fellowship at UCSF, he joined the faculty of the department of medicine. Cummings served for nine years as chief of the division of general internal medicine. He is director of the UCSF Coordinating Center, a campus organization that designs and coordinates multicenter studies sponsored by NIH and industry.

William Grossman, professor of medicine: Appointed director of the Meyer Friedman Institute and awarded the Meyer Friedman Distinguished Professorship in Medicine.

The institute is one of the leading centers in the world for research on the relationship between stress and heart disease. As the new director, Grossman intends to conduct research on the biologic basis for this correlation. He has been chief of cardiology at UCSF since 1997 and will continue in that role while serving as the director of the institute.

Susan Wall, professor and vice chair for academic affairs of radiology and chief of vascular and interventional radiology at the SF VAMC: Appointed associate dean for Graduate Medical Education, replacing James O'Donnell who resigned last fall.

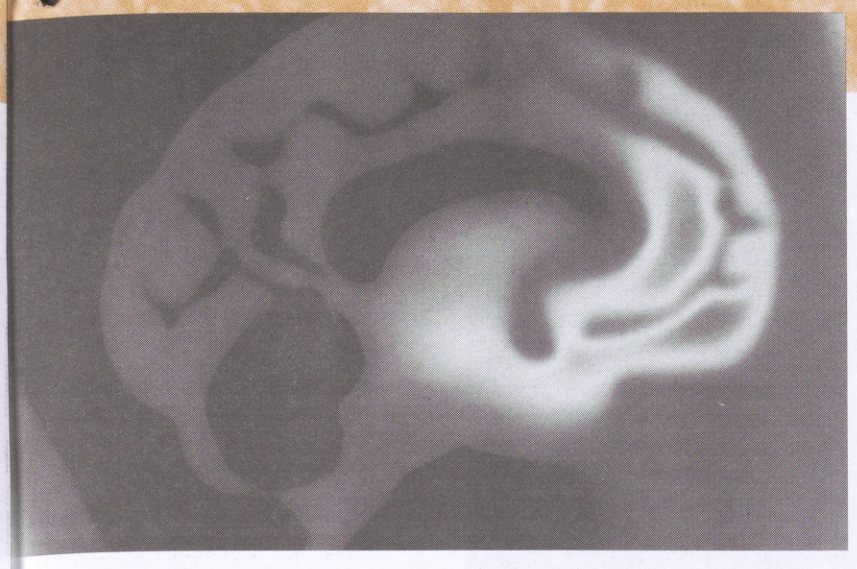
Wall has been serving as interim associate dean since January. She will continue her roles at the VAMC concurrently with her associate deanship.

A graduate of the UCSF School of Medicine, Wall received the Gold-Headed Cane for the Class of 1978. After interning in pediatrics, she did a residency in radiology, followed by a fellowship in abdominal imaging. During a sabbatical in 1992-93, she completed a fellowship in interventional radiology at UCSF. Wall has served on many schoolwide committees and is a past president of the UCSF Faculty-Alumni Association.

David Waters: Appointed chief of the division of cardiology in the department of medicine and UCSF professor of medicine at San Francisco General Hospital Medical Center. Waters comes to SFGHMC from the University of Connecticut where he was a member of the faculty and cardiology chief. He also served as cardiology chief at Hartford Hospital.

Water serves on a number of editorial review boards, including the American Journal of Cardiology, Clinical Cardiology, and Canadian Journal of Cardiology. He has published extensively and has been involved in more than 15 clinical trials. Currently, he is involved in the design of several large trials related to cholesterol-lowering drugs.

Waters earned his MD degree at the University of Western Ontario and completed his residency at Montreal General Hospital. He served as a fellow at Emory University and Cedars-Sinai Medical Center.



Painful stimuli produces pain relief through "reward" pathway

BY JENNIFER O'BRIEN

Researchers have long known that the body can activate its own form of pain relief in response to painful stimuli. Now, UCSF investigators have determined that, in rats, this long-lasting relief is produced by the brain's "reward" pathway" – the neural circuitry activated by drugs of abuse.

In their study, published in the Aug. 15 issue of The Journal of Neuroscience, the researchers determined that, at its maximum, the pain relief was as potent as a high dose of morphine.

While various individual structures in the brain have been known to produce analgesia, or pain relief, when electrically stimulated or exposed to narcotic painkillers, the finding provides the first physiological evidence that pain itself elicits analgesia.

It also provides a surprising twist on the perceived workings of the neural circuitry associated with gratification, says the lead author of the study, Robert W. Gear, assistant clinical professor of oral and maxillofacial surgery in the NIH Pain Center at UCSF.

"We're showing that something aversive — exposure to a painful stimulus — as well as exposure to drugs of abuse, stimulate the same reward circuit," says Gear, whose lab is directed by senior author Jon D. Levine, a professor of oral and maxillofacial surgery and medicine and director of the NIH Pain Center.

"Our result casts new light on how to look at the key structure in the reward pathway, the nucleus accumbens, and the role it plays in affirming certain behaviors and thus motivating individuals to act in particular ways," says Gear.

The reward pathway is a neural network in the middle of the brain that prompts good feelings in response to certain behaviors, such as relieving hunger, quenching thirst or having sex, and it thereby reinforces these evolutionarily important drives. However, the circuit also responds to drugs of abuse, such as heroin, cocaine, amphetamines and nicotine, which seem to hijack the circuitry, altering the behavior of its neurons.

The nucleus accumbens is the engine of the reward response. And, in their study, the UCSF researchers determined that the reward pathway activates pain relief through the release of both opioids, a morphine-like drug produced by the body, and dopamine, a chemical messenger whose effects can be mimicked by amphetamine and cocaine, in this structure. The finding overturns the long-held assumption that the release of dopamine in the nucleus accumbens is associated only with positive experiences.

The evolutionary value of a rush of analgesia is clear, as it could allow, for example, a badly injured individual to escape an attacker. It probably could also explain why some individuals are injured without persistent pain.

But the phenomenon may also explain why heroin addicts in withdrawal can experience pain or increased sensitivity to painful stimuli. "It may be that one of the reasons people stay addicted is to avoid going through this unpleasant state of withdrawal," says Gear.

Under other conditions, it's possible that a painful stimulus, by activating the nucleus accumbens, might itself be experienced as rewarding, as appears to occur in self-injurious behaviors. Interestingly, treatment for this class of disorders, characterized by pursuit of painful experiences often for apparent thrill-seeking value, includes administration of naloxone, a drug that blocks the effects of opioids in this reward circuit.

The researchers conducted the bulk of their study in anesthetized rats, measuring the animals' response to pain signals in the paws. Because these animals were anesthetized, the measurements were taken using a technique known as the jaw-opening reflex, in which the degree to which the jaw opens reflexively in response to painful stimuli to the tooth indicates the level of pain experienced. The jaw-opening reflex decreased, a sign of analgesia, as the painful stimulus increased.

The fact that the analgesic effect was demonstrated in the teeth, far from the hindpaw, indicated its general effect in the whole body. The analgesic effects did not require repeated application of the stimuli, and were shown to last at least an hour.

"Our results were quite dramatic," says senior author Levine. "They've spawned several new studies in our lab aimed at revealing more about the role of the reward pathway, and the nucleus accumbens specifically, in human behaviors."

The other co-author of the study was K.O. Aley of the UCSF department of oral and maxillofacial surgery.

The UCSF study was funded by the State of California Tobacco-Related Diseases Research program.

Domestic violence screening lags behind need, study finds

Hundreds of women in California who experience domestic violence are not getting the attention they need from their primary care physicians, according to a UCSF study.

Although primary care physicians frequently ask about domestic violence when treating a patient with injuries, they miss many opportunities to screen for abuse in less obvious situations, according to the study that appeared in a special Aug. 4 issue of Journal of the American Medical Association.

"Domestic abuse is a major social and health care problem," says Michael Rodriguez, UCSF assistant professor in the department of family and community medicine who treats patients at San Francisco General Hospital Medical Center. "Interactions with primary care physicians are incredibly important opportunities in the identification and intervention of domestic partner abuse."

The researchers analyzed 400 questionnaires submitted by California family practice, internal medicine, or obstetrics/gynecology physicians, who assessed how frequently they asked patients about domestic violence in various clinical situations.

When there was evidence of physical injuries, nearly 80 percent of primary care physicians frequently asked questions about intimate partner abuse. But that percentage dramatically fell during initial prenatal care visits (11 percent), new patient visits (10 percent), and periodic check-ups (9 percent).

REBECCA SLADEK NOWLIS

Adolescents among uninsured

Even though government-funded health plans now cover more children and teens, UCSF researchers report that one in seven US children aged 10 to 18 are uninsured.

"Little progress has been made over the past 15 years in reducing the numbers of uninsured adolescents," says Paul Newacheck, professor of health policy and pediatrics and principal author of the study published in the August issue of the journal Pediatrics.

"Approximately 4.2 million adolescents had no health insurance coverage in 1995, based on data from the National Health Interview Survey conducted that year by the Bureau of the Census," Newacheck says. "As a result, these children had significant obstacles to getting adequate health care. The new, federally-supported State Children's Health Insurance Program (SCHIP) may provide an opportunity to improve access to care – but only if states will implement effective outreach strategies to enroll families with adolescents."

Study co-author Charles Irwin, chief of the division of adolescent medicine at UCSF, says uninsured teens are three times as likely as those with insurance to show up in the emergency room when they need a doctor. "To me that's the red flag that tells us this group is not getting the care they need," he says.

The UCSF study is based on data on 14,252 adolescents aged 10 to 18 years included in the 1995 National Health Interview Study, an annual survey based on interviews with an adult member in more than 40,000 households. Most parents of uninsured children cited the high cost of coverage or job loss.

The Balanced Budget Act of 1997 created the State Children's Health Insurance Program (SCHIP), which provides matching federal funds for states to expand health insurance coverage of children and adolescents up to age 19 from families with incomes below 200 percent of the poverty level.

"However, states will require aggressive outreach and enrollment efforts to take full advantage of the potential of SCHIP," Newacheck says. "The burden is on health care providers, especially pediatricians, and on all children's advocates to encourage the development of effective strategies so more American children and adolescents have adequate health insurance coverage."

JANET BASU

Researchers assess hospitalist role

Hospitalists – physicians who manage inpatient care – should work closely with patients' primary care physicians (PCPs) particularly when sensitive patient issues arise, according to UCSF researchers.

In an article published in the July 14 issue of the Journal of American Medical Association, UCSF researchers explored ethical issues that arise when using the hospitalist model of care.

"Not only should hospitalists work with PCPs but they also need to develop relationships of trust with patients to lessen ethical concerns," says Steve Pantilat, UCSF assistant clinical professor of medicine, UCSF hospitalist at UCSF Stanford Health Care, and faculty member in the UCSF program in medical ethics.

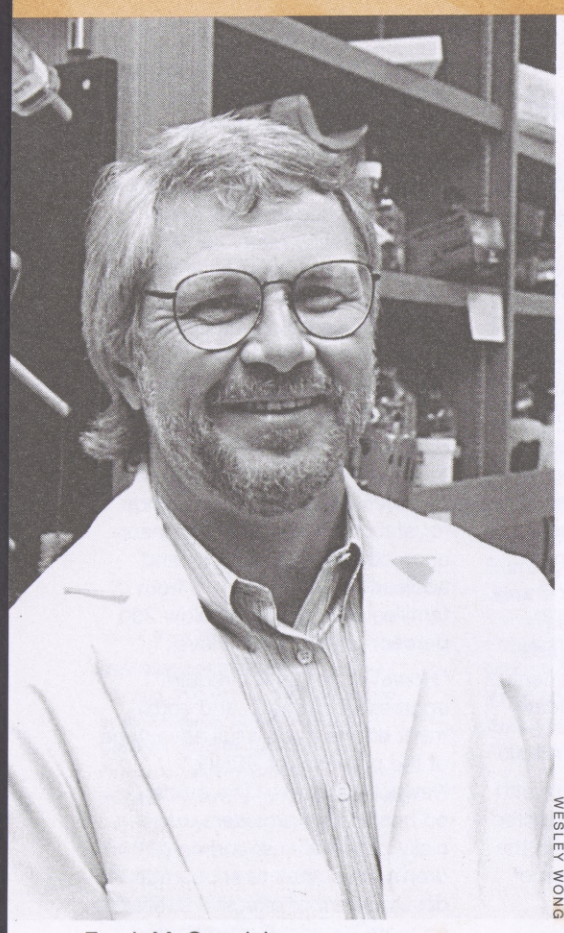
The emergence of hospitalists is based on the idea that inpatient care specialists will improve the quality of care, increase the efficiency of care, and be more available to hospitalized patients than primary care physicians, says Pantilat.

One downside to using hospitalists, according to Pantilat, is that patients experience discontinuity of care, which raises several ethical concerns.

For issues of confidentiality, for example, hospitalists should establish relationships of trust with patients as well as work with patients' PCPs to achieve compromises that protect the patients' best interests.

LORDELYN P. DEL ROSARIO

cancer c



WESLEY WONG

Frank McCormick

UCSF receives NCI designation in war against cancer

BY ABBY SINNOTT

Joining an elite group of US institutions, the UCSF Cancer Center received designation recently from the National Cancer Institute (NCI), becoming the only NCI-designated cancer center in Northern California.

Other NCI cancer centers include those at UC Irvine, UCLA, UC San Diego and Memorial Sloan-Kettering.

UCSF's recognition as an NCI Cancer Center, one of only 59 in the country, is a major accomplishment that will have many important benefits for San Francisco and the Bay Area," says Brian Kimes, director of the Office of Centers, Training and Resources at the NCI. "The UCSF cancer center will sustain and nurture the important linkage of cancer research to cancer care and bring the benefits of research directly to the community and region it serves."

NCI-designation, which acknowledges the breadth, depth and balance of UCSF's cancer programs, means that the Cancer Center will receive up to $850,000 per year for the next three years. This money will help to finance research infrastructure, shared research facilities and administration at the UCSF Cancer Center, which aims to shepherd new approaches to cancer prevention, detection and treatment into clinical research where they can be tested.

"NCI-designation is a testimonial to our commitment to translational and clinical research," says Frank McCormick, director of the UCSF Cancer Center. "It is also a recognition of the unique structure we have in place that encourages collaboration between clinical and lab scientists, thus fostering the translation of laboratory discoveries into new therapies for improved patient care."

After the initial three-year funding period, the UCSF Cancer Center is eligible for a five-year NCI renewal grant. Typically, this grant amounts to 20 percent of the total NCI funding an institution receives to support peer-reviewed cancer research studies.

Currently, UCSF receives $25 million from the NCI to support 94 cancer research projects, and this amount is expected to increase significantly in the coming years. Taking into account other external funding sources, current year cancer center research funds total $74 million.

But the significance of the designation extends beyond funding, UCSF officials say. It will help turn UCSF into a major player in the "war against cancer" by increasing treatment and research opportunities for patients and scientists. The designation also will help to attract more world-class scientists and clinicians to UCSF.

"Achieving designation as a NCI cancer center means that citizens of Northern California will have access to the broad spectrum of cancer diagnosis and care, including experimental therapies, which is of incalculable benefit to our patients," says Haile T. Debas, vice chancellor of medical affairs and dean of the UCSF School of Medicine.

To gain designation from the NCI, an institution must demonstrate scientific excellence and the ability to integrate a diversity of research approaches on cancer. To do this, institutions must have a collaborative infrastructure like UCSF's that supports translational research by bringing researchers from various disciplines together.

A tradition of collaboration

The tradition of cancer-related research at UCSF owes much to the vision of David A. Wood, a physician who in 1948 was appointed as the first director of the Cancer Research Institute. Wood believed that the key to curing cancer is taking "the multidisciplinary approach, both clinical and basic scientists working together." That philosophy, expressed 50 years ago, is still the core of UCSF's efforts in cancer research and care.

Under the leadership of McCormick, who joined UCSF in January 1997, the Cancer Center has been reconfigured so that lab scientists, clinical investigators, epidemiologists, and providers of patient care work closely together on a specific cancer and cancer type.

Collaboration across disciplines ensures that insights gained in the lab can be applied to developing new and effective cancer treatments, McCormick says.

For instance, researchers at the UCSF Cancer Center have developed a new procedure, called the genome array analysis, which detects specific genetic alterations underlying individual tumors. These classifications could ultimately allow researchers to develop drugs for tumors that have specific genetic abnormalities and enable clinicians to tailor treatment regimens to individual patients according to genetic characteristics of a particular tumor.

"Ten years ago, UCSF did not even have a plan for a Cancer Center. We have traveled a long way since then," says Chancellor Mike Bishop. "Scientists and physicians at our Cancer Center have mounted a multipronged assault on cancer. All of this is done in an integrated manner, bringing scientists and physicians together in a common cause."

Although the UCSF Cancer Center developed only in the last decade, the University has been a progressive force in cancer sciences for the past five decades. In the mid-1970's, Bishop and Harold Varmus, now director of the National Institutes of Health, discovered the cancer-causing genes called oncogenes. Their Nobel Prize-winning work opened the doors for exploring the genetic mistakes that cause cancer, forming the basis for some of the most important cancer research happening today.

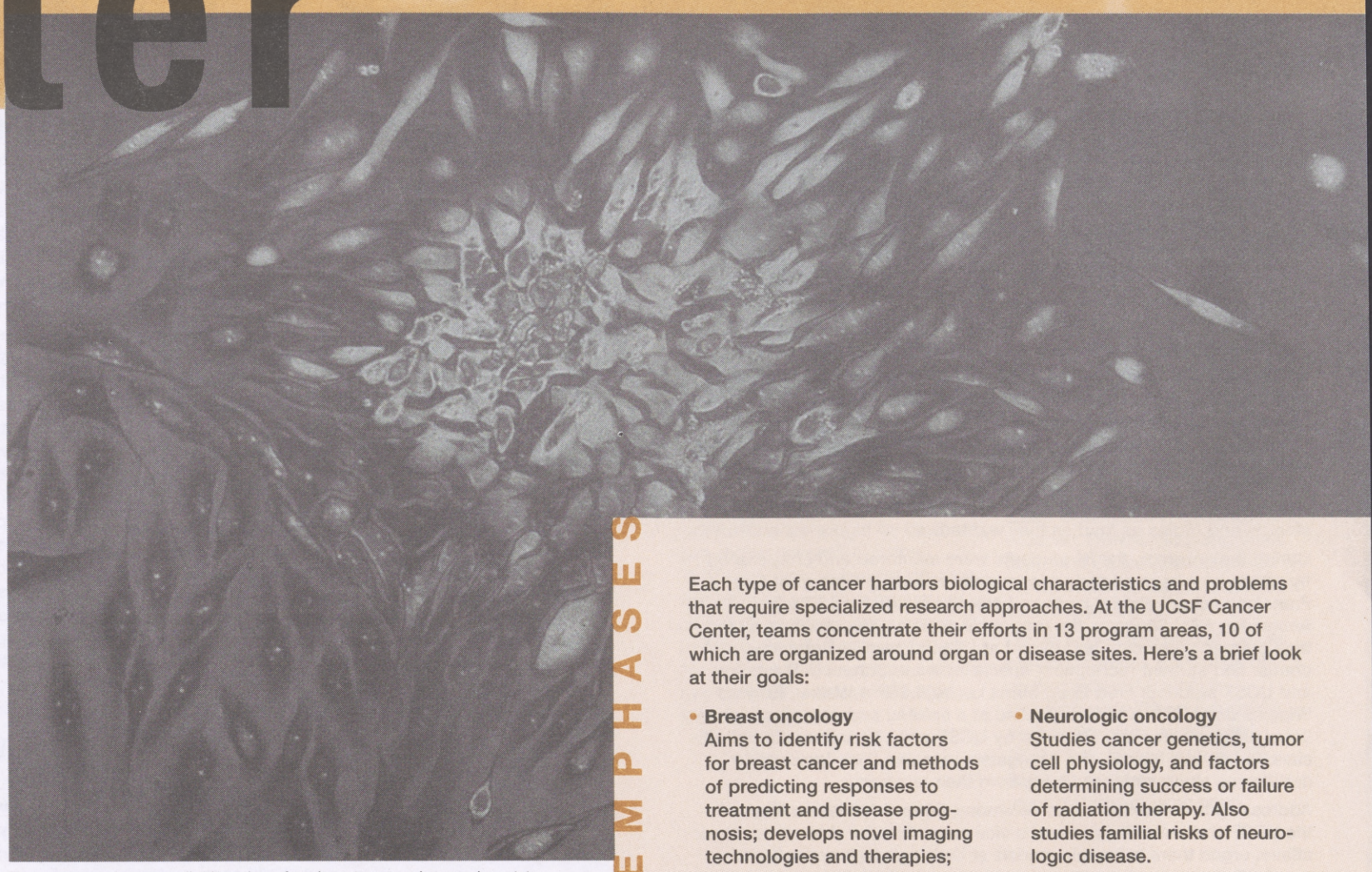
The UCSF Cancer Center, comprised of 260 members representing basic, clinical and population scientists, has 13 program areas, ten of which are organized around specific organs or disease sites (see adjacent story).

Members collaborate under the roofs of five facilities, two of which are dedicated solely to cancer care and research. These two cancer facilities are located adjacent to one another at UCSF/Mount Zion Medical Center, a convenience that allows clinicians and researchers to meet regularly and work closely together.

In addition, a new five-story, 88,000 square foot building is being built at UCSF/Mount Zion, part of UCSF Stanford Health Care, and is slated for completion this year. The new building will function as a clinical component to the Cancer Research Institute that opened in 1997 at UCSF/Mount Zion.

"The completion of the Cancer Research Institute and new clinical cancer building and NCI designation provide tremendous momentum for building an organization at UCSF that will develop innovative and improved technologies, therapies, diagnostic and prevention mechanisms, and patient outreach programs," McCormick says.

center



These images of cancer cells show those from breast cancer above and prostate cancer below. A white blood cell appears in the background.

GOALS & EMPHASES

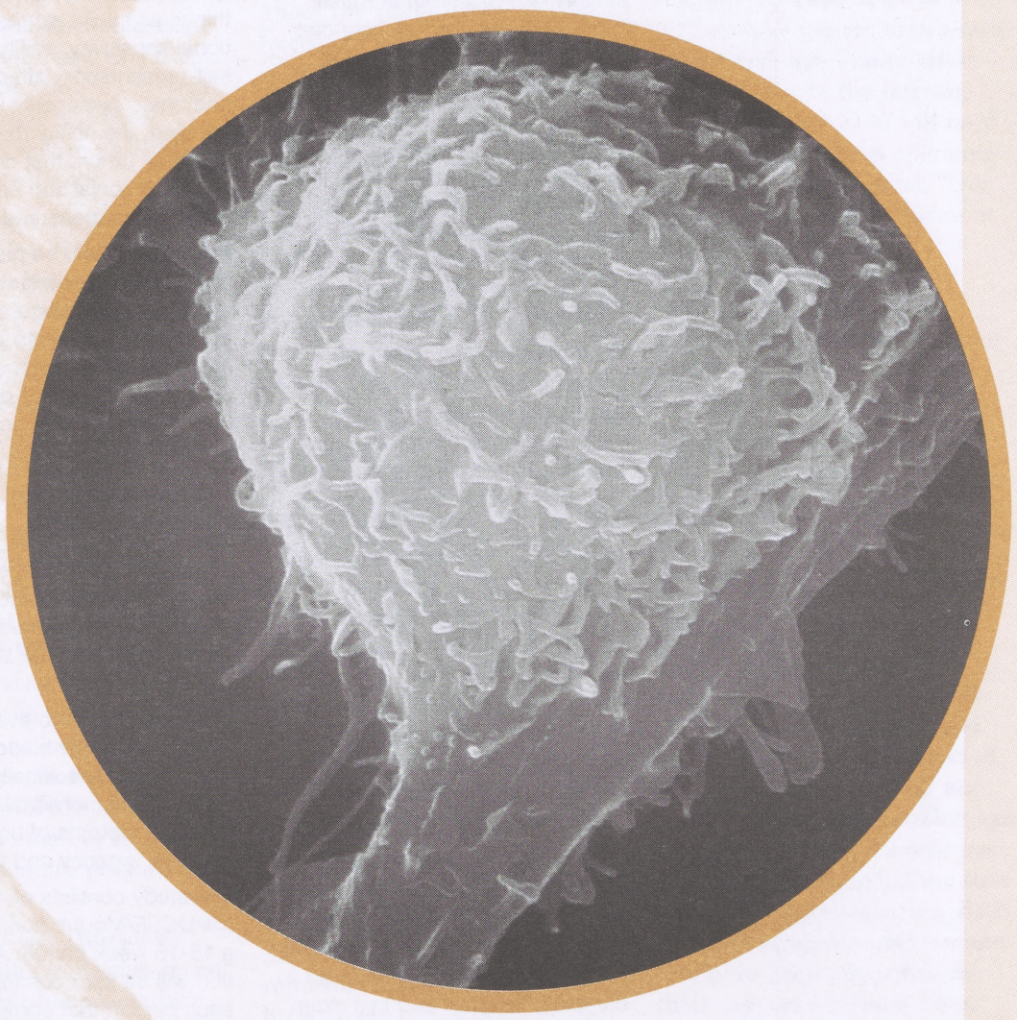
Each type of cancer harbors biological characteristics and problems that require specialized research approaches. At the UCSF Cancer Center, teams concentrate their efforts in 13 program areas, 10 of which are organized around organ or disease sites. Here's a brief look at their goals:

- **Breast oncology**
  Aims to identify risk factors for breast cancer and methods of predicting responses to treatment and disease prognosis; develops novel imaging technologies and therapies; and improves clinical care through technology and case management.
- **Cutaneous oncology**
  Emphasizes the effects of ultraviolet exposure and genetic parameters that determine disease progression of melanoma and other skin cancers. Develops new therapeutic approaches with a strong prevention and risk component.
- **Gastrointestinal (GI) oncology**
  Aims to understand how malignant cells from GI tumors differ from their normal counterparts, and how these differences can be exploited as markers of disease and new therapeutic targets. Seeks ways of treating tumors through local delivery of therapeutic agents.
- **Genitourinary oncology**
  Aims to predict the course of disease and facilitate early detection and staging. Seeks to understand the role of hormone receptors, tests new therapies, and improves imaging technology, as well as targets the role of blood vessel formation and other factors relevant to prostate cancer.
- **Gynecologic oncology**
  Seeks to understand the basic biology and pathophysiology of the female reproductive tract. One focus is on the role of human papillomavirus (HPV) in cervical cancer. Studies its biological mechanisms and develops better methods for assessing the risk.
- **Hematopoietic malignancies**
  Studies malignancies that affect blood and the lymphatic system, such as cellular signaling and differentiation, and genetic predisposition to disease.
- **HIV-related malignancies**
  Concentrates on risk assessment, the viral origins of disease, and clinical research. Seeks to determine the impact of a new therapeutic regimen for HIV, called protease inhibitor anti-retroviral therapy, on incidence of Kaposi's sarcoma and non-Hodgkin's lymphoma.
- **Neurologic oncology**
  Studies cancer genetics, tumor cell physiology, and factors determining success or failure of radiation therapy. Also studies familial risks of neurologic disease.
- **Oral/head and neck oncology**
  Investigates genetic and biologic differences between normal and malignant tissue within the oral cavity; develops better methods of imaging tumors to improve diagnosis, treatment, and follow-up; and conducts clinical research and prevention studies.
- **Thoracic oncology**
  Studies molecular and immunologic mechanisms of lung cancer and mesothelioma development. Clinical and basic science efforts target early detection, multimodality therapy, and prevention trials for patients with lung cancer and other thoracic malignancies.

While these programs promote interaction among disease-oriented researchers and clinicians, cancers also have underlying similarities, such as defects in cell cycle control, and global changes in gene copy number and chromosome arrangement. Because greater understanding in these areas could eventually lead to broader-based therapies for a number of cancers, two Cancer Center programs address this challenge.

- The Cancer Genetics Program develops new technologies for analyzing genome instability and chromosome aberrations, and studies these events' significance in cancer development and detection.
- The Cell Cycle Disregulation Program seeks to understand how damage to cell cycle checkpoints contributes to cancer. The program identifies cellular control mechanisms that are pivotal in the initiation and progression of cancer, and molecular processes that are amenable to therapeutic intervention.

The center's Tobacco Control Program determines effective approaches for tobacco prevention and cessation, conducts policy research, investigates predictors of tobacco consumption and of tobacco advertising and promotion, and studies mechanisms of nicotine addiction that can translate into more effective tobacco cessation methods.



LISA CISNEROS

Wendy Wu, a senior at Mission High School in San Francisco, poses with her proud parents after the being selected by her peers as the outstanding student of the UCSF summer enrichment program.

(ENRICHMENT FROM PAGE 1)

college, writing personal statements, developing study and verbal skills, and building self-esteem. Each of the students were divided into groups to research a disease — diabetes, cervical cancer, emphysema and scoliosis were the topics — and they presented findings to their peers in what served as sort of an oral final exam. The summer session was at times grueling, but the only complaints from the high schoolers were the early dorm curfew and not being able to play their stereos and radios as loud as they wanted.

During the program, the 34 students were mentored and chaperoned by adults who became their role models, including a group of San Francisco school district math and science instructors; Charles Alexander; Bilal Shabazz, the program's assistant director and a longtime outreach advocate and expert at UCSF; Prescilla Bradshaw, a dentist and student recruitment specialist in the School of Dentistry; and UCSF students Fred Gray, Maria Lopez, LaQuia Walker, Edward Wiggins and USF's Kathrine Vo. And at a spirited and sometimes emotional closing ceremony attended by UCSF and city school district officials, family and friends, the youngsters received their "graduation" certificates along with accolades from their teachers.

Addressing the students at the ceremony, Clifford Attkisson, dean of the UCSF Graduate Division and a vice chancellor for student academic affairs, urged them to be role models at their own high schools and eventually become students and graduates of a UC campus. He noted that UCSF also hosted a 10-week summer residency program for promising college students with an interest in the health and biological sciences, and next year's high school program may be expanded to include more participants. In addition, future outreach efforts may extend as far as to middle and elementary school students.

Convincing the students to attend UC was easy. Wendy Wu, a Mission High senior who was selected by her peers as the program's outstanding student, hopes to turn her love of children into a career in pediatric nursing. She will apply to UC Irvine this year, and envisions herself working at or attending graduate school at UCSF.

Herlinda Tin, a senior at Thurgood Marshall High in San Francisco's Bayview-Hunters Point area, enjoyed the sessions in the School of Dentistry where they implanted fillings in life-sized models of teeth and x-rayed a mannequin. But the discussions of the many options in dentistry — oral medicine, orthodontics and pediatric dentistry, to name a few — convinced her that this is the field to pursue.

Michael McDonald of Skyline High in Oakland intends to beef up his 3.83 GPA and apply to UCLA. He's eyeing a career in sports medicine, because he likes athletics and "you can make $150,000 a year."

Adds Shandon Massey, "I can see myself doing something in the health sciences." But the Thurgood Marshall High School student will take it one year at time, and build upon the momentum from the summer session to blast through his senior year with high marks. He hopes to attend UCLA next fall.

These are more than dreams, says Bradshaw of the School of Dentistry, which conducted a two-week summer outreach program last year. All five high school seniors who participated last year are enrolled in a four-year university this fall. One is going to SF State, one to UC San Diego, two to UCLA, and one to Columbia University.

Of this year's group, she says, "They're terrific kids. I can see some of them back here in a few years."

Fund Performance

ENDING JULY 31, 1999

Total rates of return for the UC 403(b), DCP, and comparative indices

UC Fund/Index	1 Month	3 Month	12 Month	5 Year*	Year To Date
UC Savings Fund	0.49%	1.47%	6.07%	6.29%	3.46%
US T-Bill (1-Yr)	0.41	1.22	4.71	5.48	2.76
UC Money Market Fund	0.42	1.23	5.24	5.58	2.89
US T-Bill (30-Day)	0.38	1.12	4.61	5.11	2.65
UC ICCF Fund	0.57	1.70	7.12	7.60	3.98
US Gov't Intermediate Bonds**	-0.03	-1.19	3.52	6.48	-2.22
UC Bond Fund	-2.57	-6.33	-2.33	12.67	-7.07
Lehman Bros. Gov't/Corp/Yankee	-0.28	-1.61	2.32	7.32	-2.55
UC Equity Fund	-1.22	2.30	25.71	22.48	14.92
S&P 500	-3.12	-0.16	20.20	26.24	8.87
UC Multi-Asset Fund	-0.76	0.24	11.13	12.94	5.38

*Annualized rate of return reflects average over the past five years.

** Gov't bond model. Ibbotson Associates.

Unit values for variable funds as of July 31, 1999:

Equity	$279.74
Bond	106.46
Multi-Asset	26.86

Unit values are similar to mutual fund share prices and change monthly to reflect changes in the market value of the fund's underlying investments, inclusive of interest and dividend income. Past performance is neither a guarantee nor a predictor of future returns.

Source: Jerry Neal, UCSF Benefits and Financial Planning

medical call board

Meth abuse

Researchers are looking for volunteers to participate in a new study on the use of medications to treat methamphetamine addiction.

This NIH/NIDA-funded project will investigate the usefulness of the calcium channel blocking antihypertensive medication amlodipine in the treatment of methamphetamine abuse.

Study participants should be current methamphetamine users who want treatment. All participants must be between the ages of 18 and 59, and medically and psychiatrically stable. Patients with HIV infection are welcome, as are those taking antidepressants or mood stabilizers.

Participants must be willing and able to attend three research sessions per week. They will be asked to give a blood sample and urine specimens and to take part in interviews and group counseling unless they are in treatment elsewhere.

All information is confidential. Participants will receive cash reimbursement for travel and effort.

Interested persons should call 502-5802.

Hormone replacement

Researchers at the San Francisco Veterans Affairs Medical Center and UCSF seek postmenopausal women to participate in a research project on a new tablet, FemHRT, containing both estrogen and progestin. The purpose of the study is to learn about the effects of this medication on cholesterol, bone strength and menopausal symptoms. Study visits take place at the Women's Clinic at the SF VAMC. To participate, women must have gone through menopause and have not had a hysterectomy. Compensation provided. For more information, call 221-4810, ext. 4220.

Breast cancer

Women with treated stage I, II or IIIA breast cancer, (i.e., finished with surgery, chemotherapy or radiation therapy) are needed for a multicenter trial being conducted in Northern California at Kaiser, UCSF and Stanford on how diet affects the chances of getting breast cancer again.

Researchers seek to know whether a diet high in vegetables and fruits and low in fats reduce the risk of recurrence. For more information, call toll free 888/441-2649 or 510/429-2580.

Macular degeneration

Volunteers are needed to participate in a clinical drug trial aimed at treating age-related macular degeneration, an incurable eye disease caused by the deterioration of the retina. In an effort to cure macular degeneration, UCSF researchers are participating in a phase II nationwide study of AG3340, which is a member of a class of drugs called angiogenesis inhibitors. Angiogenesis inhibitors are designed to stop the growth of blood vessels and are being investigated in cancer treatment as a way to shut down the blood supply to tumors.

Patients who are more than 50 years old and have recently lost vision in one or both eyes due to macular degeneration are needed. Study volunteers must undergo a complete physical and eye exam before being admitted to the study and will be required to come to UCSF for a routine evaluation on a monthly basis. Volunteers will take either AG3340 or an inert substance twice a day for 52 weeks.

Interested persons should call 415/476-0444.

Ankylosing spondylitis treatment

The division of rheumatology at UCSF is conducting a research study in the treatment of ankylosing spondylitis with a new therapy that is currently being used for patients with other types of arthritis.

Tumor necrosis factor is a substance in blood and many tissues that may play a role in different types of arthritis. The medication, enbrel, is a protein that binds to tumor necrosis factor, and so may make it less active. Enbrel is given twice weekly by injection underneath the skin. During the study period participants can continue all other medications that they may be taking for ankylosing spondylitis. The study requires seven visits over a four-month period to UCSF and study evaluations and medications are provided without cost. For more information, call 502-5108.

Osteoporosis and salt

UCSF researchers need healthy women who are more than one year past menopause and who are not taking estrogen or other medicines that affect bones for an eight-week nutrition study to determine whether the amount of salt a person eats in their food affects their bones. Participants will be paid. For more information, call Kathy Sampel or Deborah Sellmeyer at 597-4982.

Emotion

UCSF researchers are looking for volunteers to participate in a study on emotion. The purpose of this study is to examine the social and emotional functioning of people who have facial paralysis from Moebius Syndrome.

The researchers are looking for volunteers between the ages of 15 and 48 who do not have facial paralysis to serve as a control sample.

The study will involve completing questionnaires that assess such things as social expressivity, emotional sensitivity, ability to modify self-presentation, affect intensity, and basic personality structures. In addition, the ability to make judgments of others that requires sensitivity to social and emotional cues will be measured.

Participants will be paid $20 for 2.5 hours of participation. The study will take place at the department of health psychology at the Laurel Heights site. To volunteer for this study or for more information, please call Laura Smart at 476-7648.

Incontinence

Researchers are looking for postmenopausal women, with predominantly urge urinary incontinence, to participate in a study conducted by the UCSF Women's Continence Center.

The study seeks to evaluate the efficacy of a new bladder medication created specifically for the treatment of individuals who experience symptoms of urinary leakage, urgency and frequency.

The study consists of nine visits to the UCSF/Mount Zion clinic, over a 15-16 week period. All information will be kept confidential, and each person that completes the study will be reimbursed $250. For more information call, the Women's Continence Center Research Line at 885-7547.

campus notes

Funds available for cancer-related research

The UCSF Cancer Center is now receiving applications from clinical investigators interested in cancer-related research. Awards of up to $50,000 will be competitively made for studies that have direct application to the prevention, diagnosis and treatment of cancer. Funding for these projects is provided by Mount Zion Health Systems. Applicants must have faculty appointments and preference will be given to investigators in the beginning of their research careers and whose primary work site is the Mount Zion campus. Application deadline is Wednesday, Sept. 15. For application form and more information, contact Denise Jones at 476-8824 (email: ccadmin@cc.ucsf.edu) or download the forms from the

Cancer Center website at http://cc.ucsf.edu/insiders/cirp.html.

AIDS research funds available

HIV/AIDS pilot study research funds are available from the UCSF California AIDS Research Center (C-ARC), a component of the UCSF AIDS Research Institute.

The UCSF C-ARC is a new program funded by the Universitywide AIDS Research Program and is a natural evolution from the UCSF AIDS Clinical Research Center, which has served Northern California UC scientists for 14 years.

The first deadline for pilot applications is Tuesday, Sept. 7. The number of funding cycles for this fiscal year has not yet been determined.

UCSF faculty are eligible to apply for a total of $150,000 available in fiscal year 1999-2000.

Applications are sought for basic and clinical research to better understand how to prevent infection with HIV and how to delay progression of the disease once a person is infected with HIV. For more information and applications, please contact Katrina Thomas at, 597-9273 or kthomas@psg.ucsf.edu.

Apply for directorship

UC faculty are invited to apply for study center directorship positions in UC's Education Abroad Program.

At each site, the director is the administrator of the center, assures harmonious relations with UC's partner universities, facilitates exchange provisions of agreements, provides academic and general counseling for UC students, implements UC academic policy, and serves as instructor of record for all academic work undertaken by EAP students.

Fluency in the language of the host country and a broad knowledge of the host country are major qualifications. Tenured faculty members of the Academic Senate, including lecturers with security of employment, and emeriti faculty, may apply. Opportunities are available in Japan, France, Germany, India, Israel and Spain. Applications for the study center directorships are due Friday, Oct. 15.

For an application packet, please call your campus EAP office or contact Edward Reynolds, Universitywide Office, Education Abroad Program, at (805) 893-3677/2748, by fax at (805) 893-2583, or by email at reynolds@uoeap.ucsb.edu.

(UCSF STANFORD FROM PAGE 1)

campus and to optimize the efficiency of services at both Parnassus and Mount Zion."

Hunter Group to manage hospitals

To balance its $1.5 billion operating budget, UCSF Stanford is in the midst of a financial recovery plan to cut $170 million in expenses, including eliminating 2,000 jobs from its workforce of 12,500. In May, UCSF Stanford attributed most of its projected losses this fiscal year to Mount Zion, a 113-year-old hospital that had been losing money before its 1990 affiliation with UCSF.

During his state of the School of Medicine address in June, Debas acknowledged that UCSF Stanford's second round of proposed cuts to achieve a 3 to 4 percent operating margin is "serious and will have a negative impact upon both our clinical and teaching programs." A major focus in that plan to save $100 million called for reducing services at Mount Zion, where faculty provide clinical training to 20 percent of UCSF's medical students and 80 residents. Debas reiterated then that he would continue to support the merger only as long as he believed it was in the best interest of UCSF. In late July, he issued an email to faculty that urged them to prepare for major changes.

Debas called last Thursday's special meeting to discuss recent events. "These have been harrowing times for me," he said. UCSF Stanford troubles have "consumed most of my intellectual energy and more than half my time on sabbatical."

Debas said that he and other faculty leaders would continue to meet weekly to discuss UCSF Stanford issues and that the faculty will be called upon for their expertise to problem solve.

"I do promise you I will not walk out on the merger issues, and as you know, I have been fully engaged in the merger discussions."

About the resignations of Chief Executive Officer Peter Van Etten and Chief Operating Officer Bill Kerr from UCSF Stanford effective Aug. 16, Debas said Kerr would remain at UCSF on an interim basis. David Hunter of the Florida-based consulting firm, the Hunter Group, will serve as interim CEO, reporting to the UCSF Stanford board. (See adjacent story.)

Acknowledging concerns about the Hunter Group, Debas said, "Whatever we may think of them, there are very obvious reasons to think they're being successful. …They're also the most effective group in solving deficit problems." He pointed to recent Hunter Group efforts to turn around ailing hospitals, including California Pacific Medical Center and those at UC San Diego, University of Pennsylvania and University of Illinois.

The Hunter Group also has had some success at UCSF Stanford, Debas said. They have established reasonable financial reporting systems, which have been lagging over the past two years; reduced the time that financial books are closed from three months to 17 days; and, as of June, cut in half the monthly deficit.

Debas encouraged faculty and staff to be collegial with the Hunter Group while they are at UCSF and asked them to return their energies to UCSF's core missions.

In addressing the future of Mount Zion, Debas suggested the possibility of constructing a hospital on the site within the next five to seven years to provide women and children's care, cancer and community physician services. In the interim, however, Mount Zion will need state support to keep operating as a community hospital. "Our ability to solve the problems at Mount Zion depends on the support that we hope to get from the state legislature. Numerous people are spending numerous hours to try and accomplish that," he said.

News that UC leaders will be able to decide the future of Mount Zion was well received by Mount Zion leaders.

"This is the most positive thing that could have happened in terms of preserving Mount Zion's community hospital roles," said Ernest Ring, assistant chief medical officer and associate dean of the School of Medicine. "While it's still not guaranteed that Mount Zion can be turned around, it's now possible if we can marshal the state and community resources. Both the state legislators and community have been outspoken in their support of Mount Zion, and I hope we can convert that into action."

A message from David Hunter

As Newsbreak went to press, David Hunter, interim chief executive officer of UCSF Stanford Health Care, issued a statement Aug. 18 clarifying his role and that of his firm during the transition process.

"We are here to ensure the implementation of the financial improvement plan already developed by management and to make sure the hospitals are as financially healthy as possible," he said.

In addition, we are available to assist the two universities as they define their future relationship. We will provide analysis and opinions when asked, but we are not taking a proactive role in that process."

At UCSF Medical Center and UCSF/Mount Zion Medical Center, the senior management team includes John Stone, who will oversee administrative operations, and Ted Schrock, chief medical officer, who will oversee clinical operations with support from Haile Debas, dean of the UCSF medical school.

Stone, a senior vice president of the Hunter Group with more than 22 years of health care financial and management experience, will serve as interim chief operating officer of the two UCSF hospitals and as UCSF Stanford's interim chief financial officer. He has been working closely with management during the past five months to develop the financial improvement plan.

The Hunter Group, Hunter said, will not make any recommendation regarding UCSF/Mount Zion, since that is the responsibility of the medical school dean and chancellor of UCSF.

Hunter, who said he will try to keep faculty and staff updated on changes, added, "I have no inside knowledge about what the two universities may decide regarding the future of the merger. However, I anticipate that whatever they choose, it will involve giving more accountability and responsibility to the campuses."

reduce your use

22

The percentage of the world's greenhouse gas emissions that the United States emits. Take public transportation, use non-aerosol cans and limit unnecessary burning.

University of California San Francisco

UCSF

Facilities Management
Water and Energy Awareness

www.fm.ucsf.edu/energy.htm

calendar

Aug. 21–Sept. 10, 1999

21 saturday

LEARN TO FOXTROT: Millberry Programs & Services offers a foxtrot class, 5-7 p.m., Millberry Fitness Center, Studio 1, Parnassus. Learn a new dance or review and practice others with Marge Gabbert, a professional ballroom and Latin dance teacher and performer for more than 20 years. Open to all levels. Fees.

23 monday

NUTRITION COUNSELING: The Ida & Joseph Friend Cancer Resource Center offers free nutrition counseling for cancer patients, 10 a.m. – 5 p.m., 2356 Sutter St. Participants can discuss dietary concerns with a dietitian; obtain an individualized information packet; take home some healthful recipes and learn about vitamins and supplements. To make an appointment, call 885-3693.

ALEXANDER TECHNIQUE: Millberry Programs & Services offers classes on the "Alexander Technique," 5-5:55 p.m., Millberry Fitness Center. Discover how to use your body with less tension and more efficiency, and build your energy level. Classes are held Mondays through Sept. 20. Fees. For more information, call 476-1115.

ON CAREGIVING: Celi Adams, registered nurse with special training in cancer care, presents "Practical Aspects of Caregiving," 5-7 p.m., 2200 Post St., Hellman Conference Room, first floor. Learn how to build your home support system, figure out the needs of the cancer patient, and create a network for that person. To RSVP, call the Ida & Joseph Friend Cancer Resource Center at 885-3693.

FOR YOUR EYES ONLY: Stephen McLeod, assistant clinical professor of ophthalmology, cornea & refractive surgery service, presents "Better Vision Now," 6 p.m., 8 Kirkham St. Learn about new surgery options for vision correction. Free. Call 476-5021.

24 tuesday

HEALING THROUGH DANCE: Anne Krantz, licensed clinical psychologist and dance/movement therapist, presents "Healing Through Dance for Cancer Patients & Survivors," 11 a.m.-12:30 p.m., UCSF/Mount Zion, Cardiac Care Gym, first floor, C 101. Enter at 1600 Divisadero St. Sponsored by the Ida & Joseph Friend Cancer Resource Center. To register, call 885-3693.

25 wednesday

GI FELLOWS COURSE: Tim Daver, GI division, presents "Drug-Induced Liver Disease," 8-9 a.m., S 214, Parnassus.

GI GRAND ROUNDS: Jeffrey A. Norton, chief of surgery, VAMC, presents "Surgery for Cure of Zollinger-Ellison Syndrome: Results in Sporadic and MEN-1 Patients," 9-10 a.m., S 214, Parnassus.

BROWN BAG LECTURE: B. Joseph Guglielmo, professor and vice chairman, department of clinical pharmacy, presents "Are We Creating a Superbug?" 12:10 p.m., enter at 513 Parnassus, then go to HSW 300. The misuse of antibiotics is contributing to bacterial resistance. How serious is the threat and what can we do about it? Sponsored by Public Service Programs. Call 476-4394.

GOLF CLASS: Millberry Programs & Services offers golf classes, Aug. 25 to Sept. 29. Improve your putting, swing and sand play through this advanced beginner golf class. All classes are held at the Mission Bay Golf Course. For more information, call 476-1115.

SEA KAYAKING: Outdoors Unlimited offers "Full Moon Sea Kayaking Trips," Aug. 25 & 26. Enjoy a special evening of full moon sea kayaking on the Bay in fast, stable double kayaks. First-time paddlers are welcome (lesson provided). Fees. For more information, call 502-2507.

26 thursday

OUTLOOK 98 LESSON: Facilities Management offers a half-day class on "Outlook 98," 8:30 a.m.-12 p.m. or 1-4:30 p.m., 3130 Harrison St. Learn the full functionality of Outlook 98. Cost: $135. For more information, call 597-9247, fax 875-1808 or email: fmtraining.fm.ucsf.edu.

MEDICAL GRAND ROUNDS: Rudolph A. Rodriguez, assistant clinical professor of medicine, SFGHMC and UCSF, presents "Racial & Ethnic Issues in Kidney Disease," noon-1 p.m., N 225, Parnassus. Sponsored by the department of medicine.

AWARENESS THROUGH MOVEMENT: Millberry Programs & Services offers classes on the "Feldenkrais Method," 1:10-2:10 p.m., Millberry Fitness Center, Parnassus. Learn an innovative approach to developing awareness through movement. Strengthen your body/mind connection. Fees. For more information, call 476-1115.

FILE MANAGEMENT CLASS: The Library offers a class on "Using EndNote for Macintosh," 2-4 p.m., library, Parnassus. This class is an introduction to creating databases and bibliographies. For detailed information, call 476-3760 or visit the website at www.library.ucsf.edu/ed/class.

29 sunday

MASSAGE WORKSHOP: Millberry Programs & Services offers a massage workshop, 4-6:30 p.m., Millberry Fitness Center, Parnassus. Learn and practice basic Eastern and Western massage techniques and increase your understanding of the healing power of touch. A partner is required. For more information, call 476-1115.

30 monday

MICROSOFT CLASS: Facilities Management offers "Microsoft Access 97: Level 2," 9 a.m.-4 p.m., Aug. 30 & 31. Cost: $430. This course teaches intermediate basic skills. For more information, call 597-9247, fax 875-1808 or email: fmtraining.fm.ucsf.edu.

NUTRITION COUNSELING: See Aug. 23 listing.

ALEXANDER TECHNIQUE: See Aug. 23 listing.

FOR YOUR EYES ONLY: David Hwang, associate professor of clinical ophthalmology and co-director, cornea & refractive surgery service, presents "Better Vision Now," 6 p.m., 8 Kirkham St. See Aug. 23 listing for details.

31 tuesday

WEB CLASS: The Library offers a class on "The World Wide Web," 10 a.m.-noon, Parnassus. For more information, call 476-3760 or visit the website at www.library.ucsf.edu/ed/class.

HEALING THROUGH DANCE: See Aug. 24 listing.

SEPTEMBER

1 wednesday

WEB PUBLISHING CLASS: Facilities Management offers a class on "Building Web Pages with HTML," 9 a.m.-4 p.m., Sept. 1 & 2, 3130 Harrison St. This two-day course will teach students to construct their own web page using Hyper Text Markup Language (HTML), the core authoring language of the Web. Cost: $430. For more information, call 597-9247, fax 875-1808 or email: fmtraining.fm.ucsf.edu.

BLOOD DRIVE: Donate blood, 10 a.m.-5 p.m., UCSF/Mount Zion, Hellman Conference Room. Refreshments and great raffle prizes. Call 476-6989.

BROWN BAG LECTURE: Kanu Chatterjee, professor of medicine, and Lucie Stern, professor of cardiology, UCSF Stanford Health Care, present "Heart Failure: Diagnosis and Management," 12:10 p.m., enter at 513 Parnassus, then go to HSW 300. Learn about pathogenesis and management. Sponsored by Public Service Programs. Call 476-4394.

2 thursday

MEDICAL GRAND ROUNDS: Alexander G.G. Turpie, professor of medicine, McMaster University, Hamilton, Ontario, Canada, presents "Anticoagulants in the Treatment of Acute Coronary Syndromes," noon-1 p.m., N 225, Parnassus. Sponsored by the department of medicine.

3 friday

BROWN BAG LECTURE: Joanna Weinberg, associate adjunct professor, Institute for Health and Aging, social & behavioral sciences, The Center for Health and Community, presents "Does Complaining Help?" 12:10 p.m., UCSF/Mount Zion, 1600 Divisadero St., Herbst Hall. Learn of the research findings about Medicare complaints and grievances. Sponsored by Public Service Programs. Call 476-4394.

6 monday

LABOR DAY

UCSF HOLIDAY

7 tuesday

HEALING THROUGH DANCE: See Aug. 24 listing.

GRAND OPENING: The Clinical Research Center (CRC), a joint venture of the SF Veterans Affairs Medical Center and the Northern California Institute for Research and Education, hosts a grand opening at noon, VAMC, 4150 Clement St. Program will be held in auditorium, followed by a ribbon-cutting at the CRC. For more information, call Christopher Oligny at 221-4810, ext. 4655.

8 wednesday

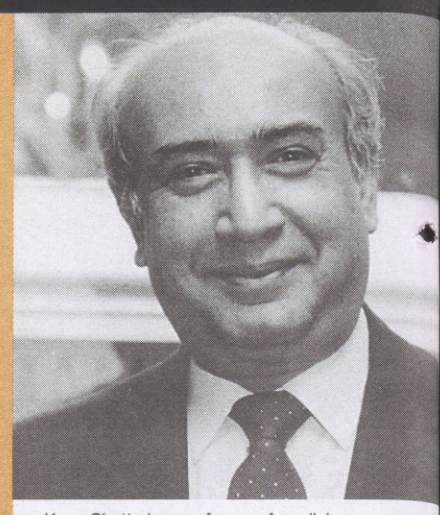
MICROSOFT CLASS: Facilities Management offers Microsoft Access 97: Level 1," 9 a.m.-4 p.m., Sept. 8 & 9, 3130 Harrison St. This course teaches the basic database concepts and features of Access. Cost: $430. For more information, call 597-9247, fax 875-1808 or email: fmtraining.fm.ucsf.edu.

BROWN BAG LECTURE: Katherine K. Matthay, professor, pediatrics and director, clinical oncology, UCSF Stanford Health Care, presents "Childhood Cancer," 12:10 p.m., HSW 300, Parnassus. Listen to a paradigm for a cure. Sponsored by Public Service Programs. Call 476-4394.

FOR YOUR EYES ONLY: See Aug. 23 listing.

9 thursday

MEDICAL GRAND ROUNDS: Laurence Huang, assistant clinical professor of medicine, UCSF, and chief, AIDS Chest Clinic, SFGHMC, presents "Advances in Pneumocystis Carinii Pneumonia," noon-1 p.m., N 225, Parnassus. Sponsored by the department of medicine.



Kanu Chatterjee, professor of medicine, will talk about heart failure on Wednesday, Sept. 1. See listing below for details.

upcoming events

UC hosts breast cancer forum

Scientists, policy-makers, activists, patients and their families will gather in Los Angeles Sept. 17-18 for the second statewide California Breast Cancer Research Symposium.

The symposium will feature reports on cancer research findings, emerging breast cancer treatments, and techniques for breast cancer prevention and education. Research findings will include reports on vitamin D and genetic susceptibility, the metabolism of environmental chemicals as breast cancer risk factors, and the role of steroid hormones in normal breast development and cancer.

"This second statewide symposium will present a unique opportunity for all those concerned with breast cancer to meet and hear the latest research findings, along with exchanging ideas and information," says Marion H. E. Kavanaugh-Lynch, director of the California Breast Cancer Research Program, which is administered by the University of California.

The symposium will be held at the Los Angeles Airport Marriott Hotel, 5855 W. Century Blvd. Attendance is free, but people interested in attending are asked to register in advance. To register or obtain more information on the symposium, view the website at http://www.ucop.edu/srphome/bcrp/ or call (888) 313-2277.